DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/04/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01,02		01 , 02	COMPLETED	
		012836	B. WIN	G		08/0	7/2012
	OVIDER OR SUPPLIER TRANSITIONAL SERVIC	CES, LLC		110	ET ADDRESS, CITY, STATE, ZIP CODE 075 N PENNSYLVANIA ST DIANAPOLIS, IN 46280		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		1	ID PROVIDER'S PLAN C PREFIX (EACH CORRECTIVE AC TAG CROSS-REFERENCED TO DEFICIEN		TION SHOULD BE COMPLETION THE APPROPRIATE DATE	
{K 000}	INITIAL COMMENTS	S	{K (000}			
	and a Post Survey R Safety Code Certifica Quality Assurance W on 07/12/12 was con Department of Health 483.470(j). Survey Date: 08/07/ Facility Number: 012 Provider Number: 013 Provider Number: NA Surveyor: Dennis Au Supervisor, At this FSES survey, Services, LLC was fo NFPA (National Fire I 101A, Chapter 4, Fire for Health Care Occu PSR to the Life Safet Licensure Survey. A the FSES Survey for found in Chapter 4 of Approaches to Life S the facility provides a equivalent to that pre Safety Code (LSC). This facility is compri different construction separated by a 2 hou	2836 12836 Ustill, Life Safety Code Warner Transitional cound in compliance with Protection Association) E Safety Evaluation System apancies in regard to the ty Recertification and State chieving a passing score on Health Care Occupancies for NFPA 101A, Alternative cafety, 2001 Edition, shows a level of Life Safety at least escribed by NFPA 101, Life sed of two buildings of type. The two buildings are					
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A. BUILDING 01 , 02 B. WING				
B. WING	D WING		AND PLAN OF CORRECTION	
	D. WIIN	012836		
STREET ADDRESS, CITY, 11075 N PENNSYLVA INDIANAPOLIS, IN		NAME OF PROVIDER OR SUPPLIER WARNER TRANSITIONAL SERVICES, LLC		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(EACH DEFICIENC	(X4) ID PREFIX TAG	
{K 000}		and was determined to be of ction. The main building has with smoke detection in to the corridor and hard as in 62 of 62 resident and building was not with LSC Chapter 19, Occupancies. It wo story day program and the corridor and spaces open Day Program building was not with LSC Chapter 18, occupancies. It wo story day program and the corridor and spaces open Day Program building was not with LSC Chapter 18, occupancies. It wo story day program and spaces open Day Program building was not with LSC Chapter 18, occupancies. It wo story day program and had a not of this survey of 96 and had a not of this survey. It wo story day program with the corridor and spaces open Day Program building was not with LSC Chapter 18, occupancies. It wo story day program and had a not of the survey of 96 and had a not of this survey. It wo story day program and had a not on the survey of 96 and had a not of this survey. It wo story day program and had a not on the survey of 96 and had a not of this survey. It wo story day program and had a not on the survey of 96 and had a not of this survey. It wo story day program and had a not on the survey of 96 and had a not of this survey. It wo story day program and had a not on the survey of 96 and had a not of this survey. It wo story day program and had a not on the survey of 96 and had a not of this survey. It wo story day program and had a not on the survey of 96 and had a not of this survey. It wo story day program and had a not of 62 and had a not of 96 and ha	constructed in 1991 a Type V (111) construit a fire alarm system w corridors, areas oper wired smoke detecto rooms. The one stor surveyed in accordar Existing Health Care The fully sprinklered building constructed be of Type III (211) or Program building has smoke detection in the to the corridors. The surveyed in accordar New Health Care Oc The facility has a cap census of 0 at the tim Quality Review by Ro Code Specialist-Med INITIAL COMMENTS A Fire Safety Evalua and a Post Survey R Safety Code Certifica Quality Assurance W on 07/12/12 was con	{K 000}
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